

**"FEE ADDRESS" INDICATION FORM**

**Address to:**  
**Mail Stop M Correspondence**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**Fax to:**  
**571-273-6500**

- OR -

**INSTRUCTIONS:** The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. **When to check the first box below:** If you have a Customer Number to represent the fee address. **When to check the second box below:** If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.

For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:

☒ Customer Number: **88670**

OR

☐ The attached Request for Customer Number (PTO/SB/125) form.

**PATENT NUMBER**  
 (If known)

7,279,168

**APPLICATION NUMBER**

09/303,040

Completed by (check one):

☐ Applicant/Inventor

☐ Attorney or Agent of record

(Reg. No.)

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☒ Assignee recorded at Reel 010199, Frame 0938 and Reel 019625 Frame 0336

Signature

J.J.L. Mestrom  
 Managing Counsel IP Animal Health  
 Intervet Inc.

Typed or Printed Name

908-298-4000

Requestor's telephone number  
 June 16, 2011

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \* Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.363. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 5 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop M Correspondence, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

# CHANGE OF CORRESPONDENCE ADDRESS *Patent*

Address to:  
Mail Stop Post Issue  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**Patent Number** 7,279,168  
**Issue Date** October 9, 2007  
**Application Number** 09/303,040  
**Filing Date** April 30, 1999  
**First Named Inventor** Barbara J. Winslow  
**Title** Recombinant Virus Expressing Foreign DNA Encoding Feline CD80, Feline CD86, Feline CD28, Or Feline CTLA-4 And Uses Thereof  
**Art Unit** 1648  
**Examiner Name** Sharon L. HURT  
**Attorney Docket Number** 2976-4055US2

Please change the Correspondence Address for the above-identified application to:

☒ The address associated with Customer Number:

88670

OR

☒ **Firm or Individual Name** LOEB & LOEB LLP

Address

City

State

Zip

Country

Telephone

Email

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

This form will not affect any "fee address" provided for the above-identified patent. To change a "fee address" use the "Fee Address Indication Form" (PTO/SB/47).

I am the:

☐

Patentee.

☒

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☐

Attorney or agent of record. Registration Number: \_\_\_\_\_

Signature

Date

June 16, 2011

Name

J.J. L. Mestrom

Telephone

908-298-4000

**Title and Company** Managing Counsel IP Animal Health, Intervet Inc.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, sew below.

☒ \*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Post Issue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.